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VARIOLA AND VACCINIA.

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BY EPHRAIM CUTTER, M.D., WOBURN, MASS.

*Unsuccessful attempts to produce Variola in the Cow, by inoculating with the Virus of true Variola. Perfect success on using the ordinary Vaccine Virus.*

ACTING upon the commonly received opinion both of the public and the profession—namely, that cowpox is smallpox modified and mitigated by a transmission through the system of the cow—it would be natural for any physician to expect to procure pure primary vaccine virus by simply introducing into the system of the cow the virus of variola from the human subject.

It was under this conviction that a series of experiments were conducted upon about fifty kine. It is proposed to give an account of the same in the present paper.

*Experiment 1st.*—Nov. 26th, 1859. Inoculated four young kine with variola-virus taken on Nov. 19th, from one of my own patients, at about the eighth day of the eruption. Punctures were made with a lancet upon the hairless skin beneath the tail and near the vulva. The virus was introduced upon quills and covered with isinglass plaster, as in the ordinary mode of vaccinating the human subject. At the expiration of a week, no effect like vaccination was produced. In fact, there seemed to be nothing more than a moderate inflammation, just such as would result from a non-specific puncture.

*Experiment 2d.*—Dec. 27th. With variolous virus taken on the eighth day (Dec. 22d) of the eruption, by Dr. Luther Parks, Jr., of Boston, Dr. Alonzo Chapin, of Winchester, at my request, inoculated five kine. The writer inoculated seven, including steers and heifers.

Punctures were made with a lancet, near the vulva or anus, and upon the teats. The quills, charged with the virus, were introduced,

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allowed to remain a few minutes, and then suffered to drop out. The operations were conducted with the greatest care, so that there should be no mistake. About five quills were used upon each animal in this as in all the other experiments. On the 31st of Dec., a few of the spots presented to the feel a round and flat hardness, about half an inch in diameter. One spot had a central depression. This promised so much that it was very confidently expected that vaccine virus would be obtained. But the hope was illusory, for the spot did not pass through the normal stages of a vaccine pustule. On the contrary, it remained the same for more than a week, and then faded away. It was suggested by Dr. Chapin that the virus might possibly have been taken from a varioloid patient (it sometimes being very difficult to distinguish between them), and that thus the experiments proved nugatory. Subsequent experience, however, has not borne out this supposition.

*Experiment 3d.*—Jan. 6th, 1860. Visited a patient of Dr. Toothaker's, of Wilmington, sick with severe variola, and charged quills with matter. The eruption was at the seventh day. Inoculated seven kine with this matter, Jan. 6th, 1860. In these cases the cuticle was abraded by scratches, made with a lancet, at right angles to each other, until the serum of the blood began to escape. The charged quill-points were then rubbed upon the abrasions for a moment or two. No satisfactory results. To be sure, pustules, or something that looked like pustules, were obtained. They were umbilicated, and some of them hard to the feel, but no lymph could be got.

*Experiment 4th.*—Procured some quills, charged with variolous virus, from Dr. R. L. Hodgdon, of West Cambridge, on Jan. 6th, and on Jan. 7th inoculated three young kine with the same. The mode was the same as in Experiment 3d. No satisfactory result.

*Experiment 5th.*—Jan. 13th. Visited, with Dr. Drew, of Woburn, a smallpox patient under his care, and charged some quills in the usual way. Besides, I charged some cotton threads, by rupturing pustules and imbuing in the lymph the threads for the distance of half an inch or more at their middle part. Within an hour of the procuring of this virus, the quills were inserted into several cattle by the usual punctures with the lancet. The threads were introduced beneath the skin by means of a needle. They were then drawn through to the point charged with the virus, and with this engaged under the cutis, the ends were tied, and the seton thus formed left in. The threads remained in for three days. Inflammatory action ensued. There was swelling, with soreness in the vicinity of the punctures. Upon removing the threads, however, these symptoms subsided. No normal pustule was produced. This essay was deemed almost an "experimentum crucis."

*Experiment 6th.*—Jan. 18th. Went to Lexington and took quills and threads from a smallpox patient of Dr. Currier, in the same manner as was practised in Experiment 5th. These were used in

inoculating four cattle on the 20th of January. These essays were without success, although the threads were allowed to remain a week.

*Experiment 7th.*—Jan. 25th. Received by express, from Dr. John A. Lamson, of Boston, some variolous virus from one of the crew of the slave yacht Wanderer. This matter was selected with care, and the case was a well developed one. These quills were used upon four or five cattle.

At the expiration of a week, there was one pustule developed out of the sixteen or twenty punctures. Took what seemed to be lymph from this one pustule, and tested it, without success, upon another cow.

It is natural to expect, that after so many careful experiments, conducted without success, the experimenter should begin to doubt. I questioned my ability to inoculate; but of this I was not convinced, as I had successfully vaccinated a considerable number of human subjects during my practice of medicine. Besides, I was told by some, who had tried the same experiments without success, that it could not be done; that cowpox must be found in a natural condition.

About this time, Dr. Currier, of Lexington, in conversation with my father, Dr. B. Cutter, stated that within the past ten years he had seen some cases of the cowpox, occurring in the natural way upon the cow; and he further expressed his belief that such cases must exist in our vicinity at the present time. We should look for them in young cows, just after their second calving, and for the locality of the eruption upon the udder between the hind teats. One case he mentioned as having about one hundred pock upon a remarkably clear udder. He took a large number of quills from them, and vaccinated three persons with them, viz., himself and two "Irish" infants. He did not succeed in his own case, but the children "took" severely. The remainder of the quills were mislaid, and he lost the opportunity of any further trials.

I was led to examine quite a number of cattle, in different localities, to find this disease in the natural state. I was incidentally surprised to find that a majority of the cattle examined had upon the teats and udder a considerable variety of pustular and horny skin diseases, so that if it is thought (and such is the opinion of the public, I believe) that *purior virus* can be got from the cow than from the human subject, it is an easy matter to explode this idle theory. While conducting Experiment 7th, I found one cow with the hinder part of the udder covered with non-umbilicated pustules of the size and feel of a normal vaccine pustule.

*Experiment 8th.*—I took virus from the most developed of these pustules, and tried it on other cows. No infection followed, thus proving (if the operation was properly performed) that this was not the true vaccine pustule.

*Experiment 9th.*—A repetition of Experiment 8th, the matter

being taken from a similar pustule near the vulva of another cow, and inserted into another animal. No infection resulted.

*Experiment 10th.*—Still another cow was found with a disease upon the udder, simulating the natural disease. This ran its course in about a fortnight. There were pustules, non-umbilicated, full of white lymph. Vaccination with this lymph upon quills was tried upon another cow, and about a week later some of the crusts were rubbed up with water to the consistency of pus, and then pricked into crucial abrasions of the cuticle of a two-days'-old calf (by Dr. Chapin) and of a cow (by myself). These vaccinations have not yet had time to develope themselves. If they do not take, should we not be justified in calling these cases the spurious cowpox referred to by Jenner?

*Experiment 11th.*—Jan. 20th, 1860. VACCINATED four kine with ordinary vaccine, such as I was using in vaccinating the human subject.

Jan. 24th.—The spots all look as if taking.

Jan. 26th.—On two of the four kine, umbilicated pustules, having, in one instance, a whitish summit, and in other instances being more swollen, with summits less white.

Jan. 27th.—One of the kine has three spots, half an inch in diameter. Bluish color well marked. Took a large number of quills, and on the same evening sent specimens to the members of the Middlesex East Society, and to other physicians who had assisted in procuring variolous matter for the purpose of experiment.

Jan. 28th.—Dr. Chapin visited the animals. He was assured of the abnormal characteristics of the *quasi* pustules procured by inoculation, and was satisfied with the normal appearance of the pustules produced by the vaccination.

*Experiment 12th.*—Jan. 23d, 1860. Vaccinated two cows with vaccine virus from a child, on the seton plan. Did not take. Failure probably due to the imperfect moistening of the threads.

*Experiment 13th.*—Jan. 24th, 1860. Vaccinated, on the seton plan, four kine, with virus received by mail from Dr. J. D. Mansfield, of South Reading. No other results ensued than what would ordinarily be expected to follow the introduction of an uncharged thread.

*Experiment 14th.*—Jan. 28th. Dr. Chapin vaccinated two kine with the virus he ordinarily uses upon the human subject. Both took well, and a large number of quills were obtained from them, which were used with general success.

Since the last experiments, I have often successfully vaccinated kine, both with the crust and the quill. The pustules have generally been large, and have matured upon the eighth or ninth day after vaccination. They vary in size somewhat, being generally very large, and not small. In some, a characteristic blue color of the pustule and vicinity is observed. This happens especially when the seat of vaccination is upon the part of the labium where



the skin merges into the mucous membrane. No constitutional effects upon the cows have been noticed.

From the account given in a late number of the Boston Medical and Surgical Journal, of the experiments of Dr. Martin, of Attleborough, Mass., some years ago, and the most unfortunate results that followed, I tremble at the risks I have been running, for if quills had been obtained they would have been used. It is only an instance of an overruling Providence. However, I am more confirmed, by Dr. Martin's account, in my opinion, derived from the above-described experiments, that *vaccinia* is not *varioid*, but that it is a *distinct affection*. I cannot explain the experiments of Dr. Adams, of Waltham, Mass., nor of Mr. Ceely, nor of the Russian physician, who profess to have succeeded in inoculating cows, and thus procuring the vaccine disease. I only know that *Dr. Chapin and myself* did not succeed. If some more successful operator should report and annul my assertions, I shall be very happy, as all that I desire is the truth.

Three modes of introducing the variolous matter into kine were used (inoculation).

1. By quill and puncture with lancets.
2. By rubbing the charged points of quills upon crucial abrasions of the hairless cutis.
3. By introducing, in the form of setons, threads charged with the variolous virus. This is the easiest and most expeditious way of inoculating or vaccinating kine. There is but one struggle with the animal, and, once in, it stays in.

*Vaccination* on the cow has been practised in the following ways:

1. By the seton; this was tried twice, and was not successful.
2. By quills. These, if fresh, generally succeeded.
3. By pricking into crucial abrasions of the cuticle, with a lancet, portions of a scab dissolved in water, until it is of the consistence of a thick paste. This has been uniformly successful upon man or beast; more so than any other mode I have practised.

I think I am justified in asserting that *any one can procure a vaccine pustule on the cow by vaccination*, as easily as it can be procured upon the human subject. This is the mode in which I obtain "*vaccine virus* from the cow."

The question has been asked whether the virus from the cow, thus obtained, is any better than the ordinary virus in use. To this I would reply, that in my opinion it is no better. A few statistics may throw light upon this. Out of nine primary vaccinations noted, with virus from the cow, six took the first time and three the second. Out of fifty-three secondary vaccinations noted, thirty-nine took the first time, thirteen the second time, and one the third time. One of the primary vaccinations taking on the second trial, occurred in a child half an hour old. One of the secondary vaccinations taking on the first trial, occurred in a lady.

91 years old, who had repeatedly been vaccinated unsuccessfully. Another of these was vaccinated during the prodromic symptoms of varioloid, and both vaccinia and varioloid ran through their stages contemporaneously.

On the other hand, the writer vaccinated a child with quills from another infant, and they did not take. On the second trial, quills charged with virus from the cow were used. No effect. On the third trial, the third mode of vaccinating, with a scab from the cow, was employed. No result. On the fourth and final trial, the same mode of vaccinating, with a scab from a *child*, succeeded perfectly.

Some of the secondary vaccinations with virus from the cow procured pustules normal in appearance, and of a large size, despite a good scar of the primary vaccination. Constitutional effects have been produced in some cases. However, equally good pustules and similar constitutional effects have been produced, at the same time, by the ordinary virus in use.

Another thing—the ease with which the vaccine pustule is produced in the cow ought to give the profession confidence in the *matter in general use*. Thus the idea that it has “run out” by successive transmissions through human subjects is not supported by the present experiments.

Again, the idea that the vaccine disease is peculiar only to certain districts of Wales is not founded upon fact, as it has been repeatedly observed in this country. It seems idle, then, to send to Europe for vaccine virus, when we have it at our very doors.

To conclude: the object of the present paper has been to show that vaccinia is not varioloid, or cowpox modified smallpox. It has been attempted to prove this by the unsuccessful attempts to produce a normal vaccine pustule by inoculation, *while upon the very same animals, by vaccination with the virus in ordinary use*, the normal vaccine vesicle has been got easily. According to the authorities consulted, it is still a mooted question in regard to the subject in hand. But Von Bibra says distinctly that the cowpox and the smallpox are two different diseases. The asserted fact that persons who have had smallpox have been successfully vaccinated, seems also to substantiate our position.

Woburn, March 7th, 1860.

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CASE OF TYPHOID PLEURO-PNEUMONIA—AN OVER-DOSE OF  
VERATRUM VIRIDE.

[Read before the Aurora (Ill.) Medical Association, September 5th, 1859, and communicated for the Boston Medical and Surgical Journal.]

BY J. E. SUCKER, M.D.

SUNDAY, May 8th.—Mrs. M., aged 46, has been cleaning house the past week, and laboring more than usual. During this time, she

has had catamenia, which has been profuse occasionally and somewhat irregular for a year past. She was treated for an attack of pleurisy three years since, which yielded readily after a venesection. Since then, has had no illness except slight attacks of intermittent fever. Yesterday afternoon was taken with a severe chill, followed by violent pain through right chest, and cephalalgia, but in the night got into a perspiration and slept. On awaking, felt chilly, and found the wind blowing upon her from an open window. Has since then grown worse. She now has acute pain through centre of right breast, and difficult respiration; pulse 100, and small. Fomentations were ordered to chest, and four grains of calomel, one of ipecac, and a sixth of a grain of sulphate of morphia, to be repeated every two hours, or until relief be obtained. An hour afterwards, the pain increasing and the pulse being round and hard, one and a half pints of blood were taken from the arm, with some relief. In the evening, pulse 90, soft and full; severe pain in head. Ice or ice-water was ordered to head.

May 9th.—Patient has rested moderately well during night; pulse 95; respiration quiet, and some expectoration of mucus. Gums appear a little swollen; patient feels better. An ounce of castor oil was ordered; to be followed, after its operation, by a powder containing one grain of ipecac, five grains of nitrate of potash, and an eighth of a grain of sulphate of morphia; also elm mucilage, &c.

10th.—Severe pain through frontal region during night, but now easier. Had two dejections after third dose of the oil. By mistake of attendants, has taken no other medicine. Pulse 95. Can lie a short time upon right side, but not at all upon left. Violent throbbing of heart and carotids. Directed ten grains of sulphate of quinia in two doses, with an interval of two hours, to be followed by the prescription of the day previous.

In the evening, countenance very pale; extreme thirst; severe pain in head and lumbar region; dysuria; pulse 115 to 120; respiration a little hurried; no nausea. Two grains of calomel were added to the powders of the morning, and four drops of tincture of veratrum viride directed to be given three times during the night; the patient not to be disturbed when resting quietly. Applied blister over right chest.

11th.—Appears relieved; pulse 100, and soft; but little pain in chest; respiration quiet; patient can lie upon either side; expectorates freely a *rusty* sputa; pain in head relieved by application of ice. Castor oil was ordered, to be followed by ipecac and morphia, and two-drop doses of the tincture of veratrum viride, if there is no nausea.

In the evening, there had been a full dejection from the oil; pulse 104, soft and full; respiration quiet; expectoration free.

12th.—(Fifth day of sickness.) Has rested well during night; has but little pain in chest; head free from pain; thirst less;

tongue red, and slightly coated; urine free. Blister was directed over right chest (the former not having vesicated well), and the following prescription made:—R. Tinc. veratri viridis, 3ss.; syrupi ipecacuanhæ, syrupi scillæ compositæ, tincturæ opii camphorata, aa 3 v. M. From one half to one teaspoonful to be taken every two to three hours.

11½, A.M., was called in haste to see my patient, and found her apparently moribund! She was in collapse, with cold extremities, and pulseless at the wrists. Countenance deadly pale, pupils contracted to a point, and she was making ineffectual efforts to vomit; lips purple, and respiration seemed about to cease, as if from exhaustion. Having no stimulant except carbonate of ammonia at hand, a solution of this was immediately exhibited, warmth was applied to extremities, with brisk friction, and sinapisms to back of neck, &c. As soon as obtained, brandy was given, ice was applied to the head, and a stream of cold water poured upon the vertex. My attention was arrested by the dark appearance of the medicine in the vial containing the prescription of the morning. Upon inquiry, I learned that three hours previously (8½ o'clock), she had taken half a teaspoonful of the medicine; that, soon afterwards, she felt great nausea and a numbness of the limbs. She grew worse, vomited several times, and finally the family were summoned and thoroughly alarmed. In addition to the stimulants, I now gave a strong decoction of coffee, for I apprehended she had, by mistake of the druggist, got an over-dose of some narcotic. At the end of two hours, it was evident that our patient was slowly rallying, the pulse becoming perceptible at the wrist, and *beating feebly 40 times per minute*. In another hour it rose to 100, with greater fulness, and some color returned to the surface. At this time, I saw the druggist, passing, who had put up the prescription, and soon learned of him that he had mistaken the 3 ss. of tincture of veratrum viride for 3 ss., and that the patient had consequently got at least eight drops of Keith & Co.'s preparation of this sedative.

5, P.M.—Improving; respiration 28; pulse 100; sleeps quietly twenty minutes at a time, and takes chicken broth with a relish. A deadly nausea, however, frequently recurs, when there appear indications of sinking. Directed half a grain of calomel every hour, brandy and carbonate of ammonia *pro re nata*.

Being called at 2, A.M. (Friday), found indications of sinking; a most deadly nausea, and ineffectual efforts to vomit; extremities getting cold, notwithstanding the unremitting efforts of the attendants. Gave one eighth of a grain of morphia and two grains of sulphate of quinia, which caused the pulse to beat with greater force and steadiness, and the nausea became allayed in one hour. Two and a half grains of quinia were ordered every one and a half hours.

10½, A.M., has retained all quinia, and got some sleep. Pulse

90, with tolerable fulness. Little thirst; expectorates freely; some pain in lower part of right chest; bowels slightly tympanitic; noise in ears, and rational. Says she feels better, but cannot sleep; when she shuts her eyes, every object is before her, yet she does sleep at short intervals. Has taken, in all, fifteen grains of quinia this A.M. This was ordered to be suspended for the present.

In the evening, has a slight uterine flow, of a dark character; pulse 100, with a good degree of force. Has considerable thirst, and is delirious at times. Three grains of extract of hyoscyamus were ordered, to be repeated if she does not rest. Port wine was substituted for brandy, and one-and-a-half-grain doses of quinia ordered, if stomach tolerates it, at intervals of three hours during night.

5, A.M., May 14th, found patient restless, with haggard countenance, and distressing nausea, on account of which she has taken no medicine during night, but has not vomited. Administered at once five grains of quinia, and in one hour she was sleeping quietly. An enema was followed with a dark and fetid discharge. At 8½, she got fifteen grains of quinia, which occasioned some nausea, which, however, soon passed off, when she fell into a quiet sleep, and a more natural color returned to the surface.

In the evening, pulse 110; patient quite deaf from quinia; moans constantly while sleeping, and has nausea when aroused; subsultus; picks at the bedclothes, and clutches at imaginary objects. A sixth of a grain of morphia ordered, to be repeated, if necessary to procure quiet rest, every two hours; also wine, beef-tea, &c.

May 15th, Sunday.—After a few doses of morphia, patient became quiet, and had good rest; and this morning seems better in every respect. Is now experiencing the tonic effects of the fifteen grains of quinia of yesterday, and indications of convalescence already appear.

From this date, under the influence of steady tonic and sustaining treatment, she continued to improve. The upper half of the right lung, the seat of the principal local difficulty, gave indications of hepatization, which yielded to counter-irritation, tonics, mild alteratives and anodynes. In consequence of her very debilitated condition, and the lung affection, her convalescence was retarded, but in a month from this time she had regained her usual good health, and now bids fair to attain a hale old age, for which her family are remarkable.

# ACUPRESSURE—A NEW METHOD OF ARRESTING SURGICAL HÆMORRHAGE.

[In the January number of the *Edinburgh Medical Journal*, is an extract from a paper by Prof. Simpson, upon a new mode of arresting surgical hæmorrhage. The ordinary methods all imply the necessity of leaving a foreign body in the wound, and the object of Dr. Simpson is to close the vessels, without this additional cause of irritation. This, he states, he has accomplished by using needles instead.—EDITORS.]

He had tested the effects of acupressure as a means of effectually closing arteries and stanching hæmorrhage first upon the lower animals, and lately in two or three operations on the human subject. The instruments which he proposed should be used for the purpose, were slender needles or pins of passive iron, headed with wax or glass, and in other respects also like the hare-lip needles commonly used by surgeons at the present day, but longer when circumstances require it. They might be coated with silver or zinc on the surface, if such protection were deemed requisite.

The whole process consists in passing the needle *twice* through the substance of the wound, so as to compress together and close, by the middle portion of the needle, the tube of the bleeding artery a line or two, or more, on the cardiac side of the bleeding point. The only part of the needle necessarily left exposed on the fresh surface of the wound is the small middle portion of it, which passes over and compresses the arterial tube; and the whole needle is withdrawn on the second or third day, or as soon as the artery is supposed to be adequately closed, thus leaving *nothing* whatever in the shape of a foreign body within the wound, or in the tissues composing its sides or flaps. To produce adequate closing pressure upon any arterial tube which it is desired to constrict, the needle must be passed over it so as to compress the tube with sufficient power and force against some resisting body. Such a resisting body will be most frequently found, 1st, in the cutaneous walls and component tissues of the wound; 2d, sometimes in a neighboring bone, against which the artery may be pinned and compressed by the acupressure needle; and 3d, in a few rare cases it may possibly be found in practice, that a second needle may require to be introduced to serve as a point against which the required compression is to be made. Most commonly the first of these three plans seems perfectly sufficient, and that even in amputation of the thigh. In acting upon this mode, the surgeon may place the tip of the fore-finger of his left hand upon the bleeding mouth of the artery which he intends to compress and close; holding the needle in his right hand, he passes it through the *cutaneous* surface of the flap, and pushes it inwards till its point projects out to the extent of a few lines on the raw surface of the wound, a little to the right of, and anterior to his finger-tip; he then, by the

actions of his right hand upon the head of the needle, turns and directs the needle, so that it makes a bridge, as it were, *across* the site of the tube of the bleeding artery immediately in front of the point of the finger, with which he is shutting up its orifice; he next, either with this same fore-finger of the left hand, or with the side of the end of the needle itself, compresses the locality of the bleeding arterial orifice and tube, and then pushes on the needle with his right hand so as to make it *re-enter* the surface of the wound a little to the left side of the artery; and lastly, by pressing the needle farther on in this direction, its point re-emerges through the *cutaneous* surface of the flap—and the site of the tube of the bleeding artery is in this way left pinned down in a compressed state by the arc or bridge of steel that is passed over it. The needle thus passes first from and through the skin of the flap *inwards* to the raw surface of the wound, and after bridging over the site of the artery, it passes secondly from the raw surface of the wound *outwards* again to and through the skin. Sometimes the needle will be best passed by the aid of the eye alone, and without guiding its course by the finger-tip applied to the bleeding orifice. It compresses not the arterial tube alone, but the structures placed over and around the *site* of the tube. When the needle is completely adjusted, all of it that is seen on the surface of the raw wound, and that not necessarily so, is the small portion of it passing over the site of the artery, while externally, upon the cutaneous surface of the flap, we have remaining exposed more or less of its two extremities, namely, its point and its head. The rest of it is hidden in the structures of the flap or side of the wound. The degree of pressure required to close effectually the tube of an artery is certainly much less than medical practitioners generally imagine; but in the above proceeding the amount of pressure can be regulated and increased, when required, by the acuteness of the angle at which the needle is introduced and again passed out—the cutaneous and other structures of the flap serving as the resisting medium against which the needle compresses the arterial tube. But if it were ever, perchance, necessary to produce greater compression than can be thus accomplished by the needle alone, this increased pressure could be readily obtained by throwing around the two extremities of the needle exposed cutaneously a figure-of-eight ligature, as in hare-lip, with or without a small compress placed between the arc of the ligature and the skin. The process of the adjustment of the needle is difficult to describe shortly by words, but the whole of it is readily seen and imitated when repeated upon a piece of cloth or leather. We fasten the stalk of a flower in the lapelle of our coat by a pin passed exactly in this manner. To compress a bleeding artery against a bone is somewhat more complicated, but not much so. In accomplishing it, we have to introduce from the cutaneous surface a long needle through the flap of the wound obliquely to near the site of the artery, and



then compressing, with the fingers of the other hand, or with the end of the needle, the part containing the artery against the bone, we make the needle, after passing over this compressed part, and after testing whether it has closed the vessel or not, enter into the tissues beyond, and if necessary even emerge from, the cutaneous surface on the other side at an angle somewhat oblique to that at which it entered; thus taking advantage of the resiliency and resistance of the soft textures to make them push the needle with the necessary degree of compression against the artery and bone. Arteries in particular parts require special adjustments and modifications to compress them against the neighboring bone, which only experience can point out. There is always sufficient soft tissue on either side of the artery for the needle to get a purchase upon, to compress the arterial tube against the bone or other resistant point.

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The acupressure of arteries, when compared with the ligature of them, appears, as a means of arresting hæmorrhage, to present various important advantages:—1st, It will be found more easy, simple, and expeditious in its application than the ligature. 2d, The needles in acupressure can scarcely be considered as foreign bodies in the wound, and may always be entirely removed in two or three days, or as soon as the artery is considered closed; whilst the ligatures are true foreign bodies, and cannot be removed till they have ulcerated through the tied vessels. 3d, The ligature invariably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe consequences. 4th, The chances, therefore, of the union of wounds by first intention, should be greater under the arrestment of surgical hæmorrhage by acupressure than the ligature. 5th, Pyæmia and surgical fever seem not unfrequently to be excited by the unhealthy suppuration, &c., which are liable to be set up in wounds by the presence and irritation of the ligatures. 6th, These dangerous and fatal complications are less likely to be excited by the employment of acupressure, seeing the presence of a metallic needle has not the tendency to create local suppurations and sloughs in the wound, such as occur at the seats of arterial ligatures. And 7th, Hence, under the use of acupressure, we are entitled to expect both, *first*, that surgical wounds will heal more kindly and close more speedily; and *secondly*, that surgical operations and injuries will be less frequently attended than at present with surgical fever and pyæmia.

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M. GEORGES has presented to the Academy of Sciences of Paris an improved apparatus, by which he applies, instantaneously, the galvanic cautery to the nerve of a tooth, and, as he says, destroys it painlessly.—*Lancet*.

### Bibliographical Notices.

*Introductory Lectures and Addresses on Medical Subjects, delivered chiefly before the Medical Classes of the University of Pennsylvania.*

By GEORGE B. WOOD, M.D., LL.D., President of the American Philosophical Society; President of the College of Physicians of Philadelphia; Professor of the Theory and Practice of Medicine, and of Clinical Medicine, in the University of Pennsylvania, &c.—Philadelphia: J. B. Lippincott & Co. 1859. Pp. 460.

THE author of these addresses is so well known to his professional brethren, and has been so long before the public as a writer and teacher, no less than an accomplished practitioner, that our notice of the present volume might almost have been written, in general terms at least, without opening it. Whoever knew anything to be sent forth with his name attached to it, *in loco parentis*, which was not all it purported to be, and couched in scholarly and classical language? And moreover, all that has emanated from his pen has either a direct or an ultimate practical value and bearing. But we have not allowed the book before us thus to slip through our hands. Some of the addresses we have previously met with; others we had not seen. Those which have particularly interested us are the one on "The History of the Materia Medica" in general; that on "The History of the Materia Medica in the United States," on "The Theory and Practice of Medicine," and on "The Medical Profession in Continental Europe." These are the ones which we have read most thoroughly; but we can see, by a glance at the others, that the medical reader will be equally edified by their perusal. The general reader may also examine the volume—or many parts of it at least—with great advantage; and we heartily wish that it may fall into the hands of many such. It would be impossible, within the space allotted to us, to give even a taste from each of these most excellent and polished lectures and addresses. We will, however, state their subjects and quote a few sentences from two of them. They are grouped according to the topics. The first portion of the volume is mainly devoted to pharmaceutical subjects, and to an elaborate examination of the general aspect and importance of the *Materia Medica*. Upon these themes the author has a right to speak *quasi ex cathedra*; and while his opinions must everywhere have great weight, his historical narrations are at once most accurate and deeply interesting.

Next to the above subjects, he takes up the Theory and Practice of Medicine; and here, too, he is at home, and writes both brilliantly and instructively. The titles of these lectures are: 1, The Theory and Practice of Medicine; 2, Requisites in the Study of Medicine; 3, Character and Objects of the Medical Profession; 4, Scope of the Practice of Medicine.

Following these, we find, Introductory Lectures, giving the Results of Professional Observation abroad; 1, The Medical Profession in Great Britain; 2, The Medical Profession on the Continent of Europe.

We then have certain lectures addressed to some of the graduating classes of the University of Pennsylvania; and the volume terminates with two "Biographical Memoirs:" 1, A Memoir of the Life and Character of Joseph Parrish, M.D., read before the Medical Society of Philadelphia, October 23, 1840; and 2, A Memoir of Samuel George Mor-

ton, M.D., read before the College of Physicians of Philadelphia, Nov. 3, 1852. We need not say that both of these are admirable, and show the head of the competent biographer as well as the heart of the attached friend.

To redeem our promise of giving one or two extracts, let us first transcribe a portion from the lecture entitled the Abuses of the *Materia Medica*, which all who can, should read entire. "One of the most efficient means of combating empiricism, is to elevate the standard of attainment in the medical profession. Where this is low, it is not easy for the public to distinguish between the pretensions of the regular, and those of the irregular practitioner. Quackery triumphs when she sees herself reflected in the practice of physicians. Let the student leave no opportunity unimproved of qualifying himself for the discharge of his future duties; let the practitioner, so far from being content with the attainments of his youth, cherish studious habits, and aim at constantly increasing knowledge and skill; let all who have at heart the honor of the profession, encourage those only to enter it who are suitably gifted with talent and industry, and urge upon these the importance of an ample preparation; and we shall soon establish so strong a line of distinction between regular practice and empiricism, that the dullest eye will scarcely fail to recognize it, and the dullest intellect to perceive on which side of it will be the greatest security." (*Loc. cit.*, p. 139.)

The following, from the lecture on "The Theory and Practice of Medicine," is a well-merited tribute to the profession, of which our author has so long been an honored and valued member. "Our profession, therefore, is not a pretence. We are all firm and honest believers in it. Is not this obvious to the most cursory inspection, if but impartial? Look abroad among the practitioners of medicine. Do you not find many of them among the most respected and honored; joining in all liberal and benevolent schemes to the extent of their means; living consistently with their profession; subjecting their dearest friends, their own families, themselves, to the same treatment which they apply to their patients generally? And then, inquire into their secret walks. Where are they but among the poor and wretched? How many instances are of daily occurrence in which wants are relieved, suffering alleviated, and life saved, by their unpaid and even unknown ministrations! No, gentlemen, we are not deceivers. We are, as a body, not likely to be deceived. If these are facts, then is there reality and truth in medicine." (P. 200.)

While we read these and similarly truthful and honorable sentiments throughout the volume, and observe the unostentatious erudition, easy and attractive style, and affectionate interest in those whom he addresses, which eminently belong to our author, we must express—what we are sure will be generally felt—our regret that he is "about to withdraw from scholastic medical teaching." If years, and occupation of a more practical nature, be the cause of this retirement from *viva voce* instruction, may we not still hope to read, from time to time, something from the pen of one who wields it so well and so usefully?

The publishers of the volume, Messrs. Lippincott & Co., have issued it in a very beautiful and creditable style. The proofs, too, appear to have been most carefully read; and we have been delighted to see a conservation of the *u* in such words as honour, favour, &c., in-

stead of the modern, United States of America style of giving us the Latin form of such nouns—as favor, honor, &c. Alas that Worcester, our pet authority, should have proved recreant on this point! We are sorry, on the other hand, to notice the word meagre spelled “meager;” a fearful looking word it makes, thus—and must be credited, we conclude, to that Websterian mania which has deformed the language by such cacography as *theater* and *meter*; making, when compounded, *theatrical* and *meterical*, instead of the legitimate theatrical and metrical.

W. W. M.

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*A Guide to the Practical Study of Diseases of the Eye, with an Outline of their Medical and Operative Treatment.* By JAMES DIXON, F.R.C.S. Philadelphia: Lindsay & Blakiston.

MESSRS. Lindsay & Blakiston, of Philadelphia, have conferred a boon on the profession in this country, by the re-publication, without American “notes,” of the excellent work of Mr. Dixon. Without being encumbered by descriptions of every minute and exceptional form of the affections of the eye, it comprises most clear and concise descriptions of all the common maladies, and of the methods of performing the various operations on this organ.

We can confidently recommend it to the student as a safe practical guide, more easy for reference and more readily understood than some of the more elaborate treatises, and as having this especial value, that it omits from its directions for treatment, many of the violent methods which the better experience of modern observers has condemned and discarded. Perhaps this is the most important feature of the work, for the temptation to resort to very active means is exceedingly strong, in cases where the young physician finds severe symptoms persisting, and the safety of an important organ threatened, in spite of his efforts. In these circumstances, if he finds heroic measures recommended or even mentioned, in works of standard authority, he is often led to employ them, when a milder course would have been far more appropriate and successful.

We observe that this is a re-print from the *second* English edition, the first having been exhausted within a brief period, indicating full well the estimation in which the work is held in its native country. It may be obtained in Boston, of Messrs. Ticknor & Co.

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*Journal of the London Ophthalmic Hospital.*

THE 9th Number of this Quarterly has reached us, and is filled with original communications of great interest. Mr. Bowman's paper, on Conical Cornea, is highly valuable, as embracing all the important facts relating to the pathology and treatment of this intractable disease, and the results of the large experience of himself and his colleagues at the Institution, in regard to the operations proposed for its relief.

We know of no Medical periodical which confers more credit on its conductors.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON: THURSDAY, MARCH 15, 1860.
 

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MASSACHUSETTS MEDICAL COLLEGE.—The Annual Commencement of the Medical School took place on March 7th.

After a prayer by the Rev. Dr. Huntington, a number of creditable theses were read by their writers. Degrees were then conferred upon thirty-two gentlemen, by President Felton—this being, we believe, his first public official act.

Dr. E. H. Clarke then delivered the Valedictory, in which he stated clearly and forcibly the real value of a medical degree, and the duties which its possession implies. Its legal value is nothing; for the most ignorant and cruel charlatan is as much under the protection of the law, as the most learned and skilful physician. Its value as a means for obtaining practice is problematical. Though meaning much to a certain portion of the community, to another portion it is a sufficient reason for avoiding the young practitioner. By fitting himself for his profession and accepting this certificate of the fact, he has closed his door against many, who are only to be attracted by marvellous falsehoods. Still, a medical degree has a real value, given to it by the declaration of a body of competent men, that its possessor has fulfilled the necessary requirements for obtaining it. But we will not attempt to go any farther, as the address will undoubtedly be published, and explain the author's views much better than we can.

As is customary, we append the official list of the graduates.

The degree of M.D. was conferred upon the following gentlemen on the 7th inst. :

*Graduates.*

Charles Edwin Akerman,  
 Frank Dyer Beer,  
 George Adams Bright,  
 Albert Henry Bryant,  
 William Reed Bullard, A. B. (Harvard)  
 John Dean, Ph.D. (Gottingen, Germ'y)

Samuel Lane Dutton,  
 Charles Schomberg Elliot,  
 James Milton Flint,  
 Henry Holton Fuller,  
 Samuel Henry Greene,  
 Harry John Harwood,  
 John Edward Hill,  
 Dixi Crosby Hoyt, A.M. (Amherst)  
 John Mariner Jonah,  
 Duncan McLean,  
 John Jay Meigs,  
 William Henry Morril,  
 George Nelson Munsell,  
 Llewellyn Oliver, M.D.,

*Theses.*

*Baths.*  
*Vaccination.*  
*Clinical Examination of Urine.*  
*Puerperal Eclampsia.*  
*Masked Intermittents.*  
*Microscopic Anatomy of the Spinal Cord, in some of the higher Vertebrates.*  
*Dyspepsia.*  
*Diphtheritis.*  
*Reparation of Injuries.*  
*Typhoid Fever.*  
*Pleuritis.*  
*Scarlatina.*  
*Variola.*  
*Extra-Uterine Fætation.*  
*Scarlatina.*  
*Diphtheritis.*  
*Diagnosis.*  
*Typhoid Fever at the South.*  
*Dyspepsia.*  
*Ought Woman to be encouraged in the Medical Profession.*

Benjamin Franklin Peirce,  
 Albion Pierce,  
 Robert Provan,  
 Marcus Tullius Robinson,  
 Thaddeus Pulaski Robinson,  
 Samuel Mayhew Beckworth Rouse,  
 John Ryan,  
 Thaddeus Scott,  
 Marshall Edwin Simmons,  
 John Stearns, Jr., A.M. (Harvard)  
 Silas Emlin Stone,  
 John Williams Walden, M.D.,

*Pneumonia.*  
*Rubeola.*  
*Constipation.*  
*Apoplexy.*  
*Animal Heat.*  
*Belladonna.*  
*Cholera Infantum.*  
*Pernicious Fever.*  
*Hysteria.*  
*Leucocythæmia.*  
*Delirium Tremens.*  
*Hydrocele.*

D. HUMPHREYS STORER,  
 Dean of the Medical Faculty.

THE VACCINATION CASES AT WESTFORD.—Since the allusion in our last number to the unfortunate affair at Westford, another of the persons vaccinated has died, this making the third fatal case that has occurred. As the cause of death in these cases is undergoing investigation by a coroner's jury, further comment, at present, would be needless if not unbecoming. The decision of the jury, based as it will be upon the evidence of physicians fully competent to appear in the case, will, we doubt not, be just and impartial.

A GERMAN doctor, of Anhalt-Kœthen, has been in the habit of administering the vaccine to children internally, and then giving certificates of their having been duly vaccinated. The authorities have at last got wind of the fact, and have threatened to prosecute him if he gives any more such certificates. The above may be interesting, as we have been told that similar absurdities have been practised in our own city.

THE quantity of nicotine in tobacco varies much, according to the locality from whence it is taken. From Havana tobacco, 2 per cent. is obtained, and a like quantity from that of Maryland and Virginia; from Alsace tobacco, 3 per cent.; from tobacco du Nord, 6 per cent., and 8 per cent. from tobacco du Lot and from Algeria. Hence it seems that the cheapest tobacco contains the greatest quantities of irritating matter, and this is, it is said, an explanation of the frequency of cancers of the lip in the southern districts of France.

MOST writers on intestinal hæmorrhage in typhoid fever—Bretonneau, Chomel, Louis, &c.—have considered it as a very dangerous symptom. Dr. Graves, of Dublin, however, offers a totally opposite opinion, considering the sign as rather favorable than otherwise, provided the loss of blood is not extreme. This opinion of an authority like Dr. Graves, M. Trousseau informs us, at first astonished him, and then set him thinking; and then he recollected cases of typhoid fever in which the patients were cured after hæmorrhage, and during seven years he had only known two deaths occur through such hæmorrhage. Other patients attacked with intestinal hæmorrhage not only recovered, but, generally, were better afterwards. Dr. Ragaine, in his memoir sent to the Academy, relates 115 cases of typhoid fever—of these 11 suffered from hæmorrhage, and they all recovered.

SOCIETIES have short memories. Dr. Bonnafont calls the attention of the Academy of Medicine to the fact, that Dr. Bayard, in 1846, received a silver medal from the "Society of Encouragement," for having applied a mixture of coal-tar and gypsum as a disinfectant of fœcal matters. This same Society has decreed a medal (gold, by the way) to MM. Corne and Demeaux, for applying the same mixture to putrefying wounds, without making any reference to Mr. Bayard.

We find, in a report read by M. Marinus to the Royal Academy of Medicine of Belgium, the following conclusions arrived at concerning vaccination and smallpox.

1. The preservative action of vaccine is absolute in nearly every case.
2. In a certain very small number of cases, the preservative action is not permanent, but it never departs before seven or ten years after the vaccination has been effected.
3. The cases of smallpox, which occur after vaccination, are very few, and generally of little importance.
4. In all cases, therefore, re-vaccination should be practised, or the practitioner cannot decide in any case whether the preservative action is still in force; and the re-vaccination should be performed at the ages of 10 to 15.
5. Vaccination exercises no baneful influence on the constitution.

ASTHMA IN BARDSTOWN, KY.—Asthma prevails here to a very considerable extent—to an extent that is not, probably, equalled anywhere. We have a small town on an elevated situation, the country around undulating, and, for the most part, in cultivation. The whole face of the town and country is dry and beautiful, and, in every respect, calculated to promote health. In fact, with the exception of this asthma, Bardstown is one amongst the most healthy places in the State, and perhaps in the Union. Yet, in this town, which contains about 2000 inhabitants, and the vicinity, to the extent of four or five miles around, there are above one hundred asthmatics, and I do not include those persons who are at times subject to a slight difficulty of breathing, but only those who have well marked paroxysms of the disease, and at times suffer violently. It is certainly very difficult to understand the causes of the great prevalence here of this disease—why those persons who have removed from other and neighboring portions of the country, never having had a symptom of the disease previously, should, upon coming to this town, suffer, from that very time, with these paroxysms of dyspnoea; and yet such cases are quite numerous.

Another important fact I would mention is, that asthma is here, so to speak, a new disease. Fifteen or twenty years ago the disease was scarcely known at this place. It may be answered by some that asthma, being hereditary, may to a great extent account for the large number of cases met with here. But I am prepared, after a careful investigation, to say that I believe this disease is not susceptible of such transmission from parent to child—that it is not hereditary.

Excepting the usual prevalence of the disease here, and it may be the causes that are concerned in exciting it, it does not, as I have said, differ, in my opinion, from the asthma which is met with in other parts of the country. In fact, these very cases have been pronounced spas-



modic asthma by some of the most distinguished physicians, and the same cases by other physicians of as great distinction and learning, have been pronounced to be nervous asthma.—DR. W. H. NEWMAN, in *Louisville Monthly Medical News*.

**PHARMACOPŒIA CONVENTION.**—The great importance of the next meeting of this Convention in giving authority to the National Pharmacopœia should induce a general attendance of delegates from medical and Pharmaceutical bodies. There are certain points in regard to the new edition which should be discussed in the Convention at large, such as Weights and Measures, the Process of Percolation, the general opinion regarding the extent to which Fluid Extracts should be introduced, &c., that the committee to whom the labor of revision is committed shall have some idea of the wishes of the profession at large. It would be well if the President of the Convention would ascertain from the Washington delegates the place of meeting in Washington, and have it announced in the journals for April and May, so as to avoid the annoyance to stranger delegates of not knowing where the Convention is to assemble.—*Am. Jour. of Pharmacy*.

**COMMENCEMENTS IN MEDICAL COLLEGES.**—*College of Physicians and Surgeons, New York.* The Annual Commencement took place on the evening of the 8th inst. The graduating class numbered 55—thirty of whom belonged to the State of New York. Two Faculty Prizes were awarded—one to E. Mason, A.B., New York, for a thesis on Imperforate Anus; the other to E. C. Ver Meulen, of New Jersey. The prize of a gold medal, worth \$50, and \$100 in money, founded by Jacob Harsen, M.D., New York, was given to J. L. Hicks, for a report on the clinical instruction in the New York Hospital. S. L. Chase, M.D., of Connecticut, one of the graduates, delivered the valedictory address to the audience, and Dr. Thos. W. Markoe, of the class of 1841, addressed the alumni.

*Medical Department of the University of New York.*—At the Annual Commencement on Wednesday evening, 7th inst., the graduating class numbered 138. Of this number, 77 are stated to belong to the Slave States, 52 to the Free States, and 9 to the British Provinces. Certificates of honor for diligent attention to the courses were given—and also the "Mott Medals" as follows: Gold medal, for the best dried anatomico-surgical preparation, to Dr. S. F. Spier, of New York; silver medal, for the second best preparation, to Dr. J. M. Richmond, of South Carolina; bronze medal, for the best book of recorded cases of either surgical clinique, to Dr. S. W. Francis, of New York. The two Van Buren prizes were bestowed, for the best dissections—the first, a handsome case of *post-mortem* instruments and \$50 in money, upon Dr. J. M. Richmond, of South Carolina; the second, a similar case of instruments, upon Dr. S. F. Spier, of New York. The two Metcalf prizes—cases of instruments—were awarded to H. M. Sprague, of Connecticut, and S. F. Ferguson, of New York. The Valedictory address was delivered by the venerable Prof. Mott.

*Medical Department of the University of Nashville.*—The degree of M.D. was conferred upon 101 young gentlemen at the last annual commencement. Dr. B. W. Avent, of Murfreesboro', delivered the valedictory address to the graduates, and Dr. W. H. H. Williams, of Mississippi, was the valedictorian of the graduating class. The degrees were conferred by the venerable president, Dr. Felix Robertson.

*Jefferson Medical College.*—At the Annual Commencement, on the 13th inst., 170 students received the degree of M.D., including 126 from the Southern States.

*Kentucky School of Medicine.*—Thirty-eight physicians graduated from this institution at the annual commencement on Wednesday of last week.

*Medical Prizes at Bellevue Hospital, New York.*—The annual award of the prizes founded by Dr. James R. Wood and Dr. Geo. T. Elliott, for the best anatomical preparations by students in any of the medical colleges of the city, was

made on the 7th inst. They were three in number—two of \$50 and one of \$25, and were given to Drs. Shady and Bryson jointly, of the College of Physicians and Surgeons, Dr. Spier, of the University Medical College, and Dr. Broughton, of the first named College. A gratuity of \$25 was also bestowed, for an excellent preparation, upon Dr. Pomeroy, a student in the office of S. W. Dawes. Appropriate remarks were made by Drs. Mott, Francis, Stevens and Sayre.

**DEATH OF DR. RICE, OF WILBRAHAM.**—Dr. Jesse W. Rice, an esteemed practitioner of Wilbraham, in Hampden County, died on March 2d, from the effects of pulmonary hæmorrhage, at the age of 66 years. Dr. Rice was one of the physicians who organized, in 1840, the Hampden District Medical Society, of which, in 1849, he was elected president. His loss is deeply deplored by the community in which he lived, and by the medical men of the vicinity.

**TREATMENT OF ANEURISM BY COMPRESSION.**—A case of aneurism of the iliac artery, in which compression was successfully employed, occurred lately at the Charity Hospital, New Orleans, under the care of Dr. Stone. Twenty students volunteered their services for the purpose, and at the expiration of thirty-six hours the cure was complete. A full report of the case will be given in one of the New Orleans medical journals. So says a correspondent of the *Mobile Register*.

**MASSACHUSETTS COLLEGE OF PHARMACY.**—The following is a list of the officers of this Association for the ensuing year:—Thomas Hollis, *President*; Chas. A. Tufts, Dover, N. H., *1st Vice President*; William Brown, *2d Vice President*; Henry W. Lincoln, *Recording Secretary*; G. W. Parmenter, *Corresponding Secretary*; Ashel Boyden, *Treasurer*; Samuel M. Colcord, *Auditor*; Daniel Henshman, Charles T. Carney, James S. Melvin, A. P. Melzar, John Buc<sup>h</sup>, M. H. Gleeson, Isaac T. Campbell, Eben Blatchford, Rockport, *Trustees*.

#### VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 10th, 1860.

##### DEATHS.

|   | Males. | Females. | Total. |
|---|--------|----------|--------|
| Deaths during the week, . . . . .   | 47     | 43       | 90     |
| Average Mortality of the corresponding weeks of the ten years, 1850-1860, | 35.4   | 38.2     | 73.6   |
| Average corrected to increased population, . . . . .                      | ..     | ..       | 84     |
| Deaths of persons above 90, . . . . .                                     | ..     | ..       | ..     |

##### Mortality from Prevailing Diseases.

| Consumption. | Croup. | Scarlet Fever. | Pneumonia. | Measles. | Smallpox. |
|--------------|--------|----------------|------------|----------|-----------|
| 14           | 3      | 3              | 11         | 0        | 9         |

##### METEOROLOGY.

From Observations taken at the Cambridge Observatory.

|                                       |        |   |     |
|---------------------------------------|--------|---|-----|
| Mean height of Barometer, . . . . .   | 29.823 | Highest point of Thermometer, . . . . .                 | 57  |
| Highest point of Barometer, . . . . . | 30.169 | Lowest point of Thermometer, . . . . .                  | 25  |
| Lowest point of Barometer, . . . . .  | 29.388 | General direction of the Wind, . . . . .                | SW. |
| Mean Temperature, . . . . .           | 35.40  | Whole am't of Rain in the week (melted snow), . . . . . | .25 |

**Books and Pamphlets Received.**—Proceedings of the American Pharmaceutical Association, 1859.—Nature in Disease. By Jacob Bigelow, M.D. Second Edition.—Brief Expositions of Rational Medicine. By Jacob Bigelow, M.D. Second Edition. (From the Publishers.)

DIED.—In Wilbraham, March 2d, Dr. Jesse W. Rice, aged 66.

**Deaths in Boston** for the week ending Saturday noon, March 10th, 90. Males, 47—Females, 43.—Apoplexy, 1—bronchitis, 1—congestion of the brain, 1—inflammation of the brain, 1—disease of the brain, 1—consumption, 14—convulsions, 2—croup, 3—dropsy, 4—dropsy in the head, 1—debility, 4—puerperal disease, 1—scarlet fever, 3—typhoid fever, 3—disease of the heart, 4—laryngitis, 1—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 11—marasmus, 4—palsy, 2—pleurisy, 2—premature birth, 1—scrofula, 1—smallpox, 9—sore throat, 1—disease of the spine, 1—suffocation, 1—syphilis, 1—teething, 1—unknown, 5—whooping cough, 2.

Under 5 years, 41—between 5 and 20 years, 6—between 20 and 40 years, 27—between 40 and 60 years, 10—above 60 years, 6. Born in the United States, 59—Ireland, 23—other places, 3.